

SAHYADRI CLASSIC – WAIVER & LIABILITY RELEASE FORM

Event Date: 6th December 2025

Location: Ghats around Mahabaleshwar

PARTICIPANT INFORMATION

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

MEDICAL DECLARATION

- I hereby declare that I am physically fit to participate in the Sahyadri Classic cycle race.
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WAIVER OF LIABILITY

I fully understand and acknowledge that participating in a cycling race on the Sahyadri ghats involves inherent risks, including but not limited to accidents, injuries, falls, collisions, and other unforeseen incidents.

By signing this form:

- I agree to participate entirely at my own risk.
- I release and discharge the organizers of Sahyadri Classic, their partners, sponsors, officials, and volunteers from any and all liability, claims, or damages that may arise from my participation.
- I confirm that I am solely responsible for arranging my own personal insurance.

SPECIAL CONDITIONS

- **Age Restriction:** Participants under the age of 18 must be accompanied by a parent/guardian who will also sign this waiver.
- **Specially-Abled Participants:** If required, specially abled participants must be accompanied by a guardian. Visually impaired participants will only be allowed on a tandem cycle with a sighted pilot.
- **Refund Policy:** In the event of withdrawal, 80% of the registration fee will be refunded. The remaining 20% will be retained for administrative costs.
- **Media Release:** I grant permission to the organizers to capture and use my photographs, videos, and recordings for promotional, social media, and marketing purposes without any compensation.

ACKNOWLEDGEMENT

I have carefully read and understood the terms of this waiver and agree to abide by them as a condition of my participation in the Sahyadri Classic.

Participant Signature: _____

Date: _____

If participant is under 18 or required for specially abled

Parent/Guardian Name: _____

Parent/Guardian Signature: _____
